

Williamson County
Travel & Expense Reimbursement Form

Employee's Name: _____ Department: _____ Title: _____ Date: _____

For The Month Of: _____, 20____ Account Appropriation: _____

Date	Origin/Destination	Purpose	Speedometer Leaving	Speedometer Arriving	Miles Traveled	Mileage Amount	Other Expenses (attach receipts)	Total
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Totals:					_____	_____	_____	_____

Employee Signature: _____

Department Head Approval: _____